

MENTAL HEALTH UPDATE

July 30, 2008



Circle of Courage

Children and adolescents experience continual and profound physical, mental, and emotional development. Effective care requires an individual analysis of that child's developmental stage. In addition, children are strongly impacted by the social environments of their family and peers as well as the physical and cultural surrounding of their community. Families, schools, and communities are essential partners to nurture resilience and to protect against risks.

*This is the last of four issues of the Mental Health Update that have highlighted a section of **The Circle of Courage** as described by Brendtro, Brokenleg, and Van Bockern. The Circle of Courage is a nationally recognized paradigm for promoting growth and resilience in youth. It has 4 sections:*

*** Belonging * Mastery * Independence * Generosity**



Generosity

Youth offer more than the hope for a society's future; they are a resource of energy and perspective for their families and communities in the present. It is important to nourish their natural desire to help others. Kurt Hahn (founder of *Outward Bound* programs) described youth who suffered from the "misery of unimportance." There are many challenges in our world. Both our youth and the challenges could benefit from their gifts of energy and perspective for a meaningful cause.

HCRS Provides Assistance in the Wake of Springfield Fire

On July 8th, more than 40 people were left homeless when a five alarm fire broke out in the historic Ellis Block in Springfield. Many Vermonters may remember that last year, the Ellis Theatre hosted the world premiere of "The Simpson's Movie".

As part of the emergency response, the Red Cross contacted Health Care and Rehabilitation Services requesting assistance in helping those displaced by the fire. HCRS immediately responded to the Red Cross request and began collaborating with emergency response officials and meeting face to face with those individuals directly affected by the fire. HCRS staff along with staff from the Red Cross, AHS Divisions of Economic Services and Vocational Rehabilitation, and others helped victims of the fire access temporary housing, food, and medications as well as linkages to other resources. The Brattleboro Retreat offered one of its vacant residences for short term housing for some of the people who suddenly found themselves homeless.

Staff from HCRS were central to this particular relocation effort. Whether it was providing emotional support or providing concrete goods and services to people suffering through this crisis, HCRS staff were there to provide valuable assistance. As a Red Cross representative so aptly stated, "I am very impressed by the thoroughness and professionalism of everyone I had contact with from HCRS. The partnership and collaboration that has developed between the Red Cross's Green Mountain Chapter and HCRS is the absolute best that I could ask for. It is great to know that they are a phone call away and willing to assist where needed."

CHILDREN'S MENTAL HEALTH

DMH Invites Feedback on Draft Trauma Policy

DMH has developed a draft Trauma Policy to highlight the significance of trauma in the lives of the people we serve and our commitment to provide quality trauma-specific services within a trauma-informed mental health system.

The draft Trauma Policy appears on the DMH Website at <http://healthvermont.gov/mh/documents/DMHTraumaPolicydraft061108.pdf>. DMH is now asking all stakeholders to review the draft policy and offer feedback about it. This draft document will also be reviewed with both the Statewide Adult and Child Standing Committees. Based on the feedback gathered, the written policy will be revised, finalized and presented to the Commissioner for adoption as a policy that will apply throughout DMH as well as to contracted service providers such as Designated Agencies.

We welcome your comments and will provide notice of the final version and adoption of the policy in the *BiWeekly Mental Health Update* at a later date. Once adopted, the policy will be posted on our website under "Policies and Rules".

Please send written comments by email or by postal mail before **September 30, 2008** to:

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DMH Participates in NASMHPD Annual Meeting

During the week of July 14th, NASMHPD'S (National Association of State Mental Health Program Directors) Children Youth and Family Division held it's annual meeting in conjunction with Georgetown's Training Institutes in Nashville, Tennessee. DMH's Charlie Biss attended as well as Kathy Holsopple and Cindy Marshall from the Vermont Federation of Families for Children's Mental Health. The highlights of the meetings included talks by former Surgeon General David Satcher who authored several reports about mental health during his tenure. Dr. Satcher talked about the necessity to look at *Mental Health from a Public Mental Health Framework*. SAMHSA has commissioned Georgetown University to write a monograph on the subject which will soon be published. Some of the draft ideas emphasizing that this is a major shift in thinking for the mental health field were shared at the meeting. Another major presentation theme was from Lucille Eber (recently at the BEST Institute) and various school officials from the federal, state, and local levels talking about the rollout of the evidenced-based practice of

PBS (Positive Behavioral Supports) throughout the nation. All the speakers emphasized that mental health services are most effective when they are delivered in the context of a school that is practicing PBS. This practice is transforming schools and there are a couple of federal legislative initiatives to promote and fund this initiative. One such initiative is H.R. 3407/S. 2111, sponsored by Barack Obama and Bernie Sanders. The final theme was that we need to address the needs of our *Youth Transitioning to Adulthood*. SAMHSA emphasized the need for broad coalition building among all sectors of the federal, state and local partners to address this need. Vermont was specifically recognized as one of the states that is building this coalition and looking at opportunities to develop a strong system of care in conjunction with The Shared Youth Vision Project. This project is a national effort to strengthen coordination, communication and collaboration among youth-serving agencies to support the neediest youth and their healthy transition to successful adult roles and responsibilities. Vermont is hopeful that its involvement in this initiative will improve the likelihood that its transition grant will be funded this fall.

ADULT MENTAL HEALTH

National Homeless Housing Funding Competition

The US Department of Housing and Urban Development (HUD) has released its requirements for this year's National Homeless Housing Funding competition, better known as the Mc Kinney Vento Fund. This year, the application will be in electronic format for the first time. The requirements for data from each project currently funded are more extensive than in previous years. The accuracy of the data will be very important for the ranking and scoring methodology that HUD uses to determine funding. The Department of Mental Health will work closely with The Vermont State Housing Authority, Data Remedies, and the Balance of State Homeless Continuum of Care to prepare and submit this application in the next sixty days. In addition, DMH continues to fund the purchase of technical assistance and support for this initiative from Technical Assistance Collaborative of Boston, Massachusetts.

Statewide Program Standing Committee for Adult Mental Health

The Statewide Standing Committee held its summer meeting on Thursday, July 24, 2008, in Waterbury. The highlight of the meeting was an extensive update from Deputy Mental Health Commissioner Beth Tanzman on the current status of the Futures Project. Many new community capacities have been implemented already or are in development; further research is necessary before decisions are reached on options for inpatient capacities to replace the Vermont State Hospital. A new clinical care management system, currently in the design stage, will assure that clients get care when and where it is needed across a continuum of services and providers. (See Futures section of this and other Mental Health Updates for more detailed discussions about these planning initiatives). Committee members also discussed the vacancies the Standing Committee currently has—five out of a full membership of nine—and offered ideas about more active recruitment to attract new members. The Standing Committee is a vital part of the Department of Mental Health's endeavors to increase consumer, family, and provider participation in policy, evaluation of quality, resource allocation, and other key aspects of public mental health in Vermont.

Please note that this July meeting of the Standing Committee combined the regular July and August meetings that would otherwise have been held on the second Monday of each month. The next meeting of the Standing Committee will be held on its regular meeting

date in September: Monday, September 8, 2008, from 1:00 until 4:30 p.m. in Room 100 of Stanley Hall in Waterbury.

Meeting of Vermont's Mental Health Block Grant Planning Council

Vermont's Mental Health Block Grant Planning Council, an entity mandated by the federal block grant statute, met in Waterbury on the afternoon of Thursday, July 24, to review sections of the state's application to the Center for Mental Health Services (CMHS) for block grant funding for Fiscal Year 2009. The Planning Council developed and adopted a proposal for SAMHSA that would exempt states receiving less than \$1 million in block grant funding from the application process (although all states should still have to file reports to CMHS to show that they are in compliance with the federal statute in regard to services provided and expenditures made). Vermont's Fiscal Year 2008 mental health block grant allocation was \$761,207, with funding going to:

Services for Adults with Severe Mental Illness

1. Crisis Services to avoid unnecessary hospitalization	\$ 33,097
2. Community programs for adults with co-occurring disorders of mental illness and substance abuse	50,000
3. Other community-based services for adults with severe mental illness	126,674
4. Peer-operated initiatives	33,605
5. Support of peer-delivered Recovery Education activities through Vermont Psychiatric Survivors	25,000
6. Church Street Marketplace Outreach (Burlington)	25,000
7. CRT housing infrastructure funding	13,000
Adult Subtotal	\$306,376

Children's Services

1. Northeastern Family Institute	\$ 73,899
2. Respite Services	<u>380,932</u>
Children's Subtotal	\$454,831

Grand Total	\$761,207
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Vermont Applies for Supported Employment Family Project Grant

The Family Project Grant is sponsored by the Johnson & Johnson – Dartmouth Community Mental Health Program. The goal of the pilot project is to increase the involvement of family members and family advocacy groups in supported employment efforts at both the state and program level. Up to four states across the nation will be chosen for funding and participation.

As part of the application process, NAMI-VT and the Department of Mental Health (DMH) along with the Division of Vocational Rehabilitation (DVR) worked together to develop meaningful strategies to strengthen their relationship and collaborative efforts to support and promote supported employment for people with severe and persistent mental illness in Vermont. The Family Project Grant would facilitate the ongoing efforts of DMH, DVR, and NAMI-VT to implement and expand these strategies with the overall

goal of helping more individuals interested in working find meaningful, competitive employment.

FUTURES PROJECT

Consultation Group Reviews Draft Collaboration Principles for Futures Inpatient Program

On Thursday, July 24, Deputy Commissioner Beth Tanzman reviewed the recently released draft Collaboration Principles between the State of Vermont and General Hospital Partners for Futures Project acute psychiatric inpatient program development. By way of introduction Deputy Commissioner Tanzman noted that two principles informed the development of the draft principles: (1) that VSH successor inpatient programs will be an integrated part of the state wide system of care, and the state will allocate resources to ensure a balance between in-patient and community based services; (2) the program will provide high quality, appropriate, clinically integrated care for patients who require inpatient services. Follow the link to see the draft principles <http://healthvermont.gov/mh/futures/documents/CollaborationPrinciples5-16-08.pdf>

Members of the Consultation Group were asked to comment and provide recommendations for future versions of the document. Following are some of the group's recommendations:

- The state is responsible for providing resources for inpatient and community facilities. The balance between these resources should be workable for both.
- The proportion of inpatient services should be less than those in community based settings
- The state should invest the same level of resources for those who are severely mentally ill as it does for individuals with developmental disabilities.
- There should be short term acute services available for people who are in crisis and cannot be served in the community.
- The treatment programs should foster recovery and skills in living in the community.
- Inpatient hospital programs should be organized to promote recovery.
- Peer service programming should be integrated with inpatient care.
- Inpatient care should provide active treatment, not just assessment and rapid symptom stabilization.
- Programs should be tailored to the patients, not one size fits all.
- Preference in staffing should be given to qualified VSH professionals. Preference should also be given to hiring qualified people with lived experience with psychiatric disabilities.
- Inpatient programs in general hospitals should protect the civil rights of patients. Patients should receive the same levels of information about and access to legal services as do the patients at VSH.
- Inpatient programming should be trauma informed and trauma sensitive.
- Inpatient programs should interact with and support families.
- There should be mental health consumers on the governing board of the institution under whose license the inpatient service is provided.
- Operational programming should be consistent with Futures vision and mission.
- Fund raising as well as foundation grants should be considered as another way of raising capital for construction.
- There should be transparency in management and accounting practices.
- Financing should be sufficient to support high quality standards of care.
- Patients should be discharged from inpatient services to the next level of service when ready (not retained for lack of placement options).

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

General Update

The VISI team is continuing our second round of fidelity visits with 29 agencies. We are recruiting staff from both Mental Health and the Alcohol and Drug Abuse Program to join VISI on these visits. By involving both departments we hope to help incorporate co-occurring attributes into both of the department review processes. Technical assistance continues to be provided to our participating agencies through targeted trainings and staff consultations.

VISI Peer Program

The Friends of Recovery and Centerpoint Adolescent and Treatment Services sponsored an educational video at Centerpoint in South Burlington on July 23, 2008.

Approximately 20 people from the community were in attendance to watch and discuss the film “Co-Occurring and Adolescents” in which 5 teens told their stories of co-occurring conditions. This was followed by a discussion facilitated by El’ Anya Nightingale from Friends of Recovery.

Please save the date for the following upcoming events:

- The 2nd Annual Co-occurring Recovery Camping Trip in Elmore, VT on Labor Day Weekend: August 30th through September 1st, 2008. For more info contact El’ Anya Nightingale at Friends of Recovery—Vermont at 1(800) 769-2798.
- The Peer Conference Walk a Mile in My Shoes: Bridging Peer Support and Treatment Services which will be held in the Holiday Inn on September 26, 2008 (please note the new location). Contact Patty Breneman at pbrenem@vdh.state.vt.us or (802) 652-2033 to register.

VISI Meetings

Mark your calendars for the next **VISI Forum** on Friday, August 29th from 9:00 am to Noon at the Vermont Technical College in Randolph. The forum committee will be following up on the previous discussion about reducing waiting times and no-shows, an important issue of concern to agencies and peers throughout Vermont.

The next meeting for the **Clinical Practices** Committee will be on Thursday, August 21st from 12:30 to 2:30 pm in the Department of Corrections small conference room in the Waterbury State Office Complex. This committee is working on best practices in integrated screening, intake, treatment protocols and discharge planning issues.

VISI Training

- The next VISI Co-Occurring Case Consultation Call is scheduled for September 10, 2008. To connect to this meeting and receive pertinent materials, contact Kathy Browne at kbrowne@vdh.state.vt.us or (802) 652-2025.
- Dr. Mark McGovern will be conducting a telephone-based training on Stage-wise Treatment on October 9, 2008. To connect to these meetings or to join the committees please contact Patty Breneman at pbrenem@vdh.state.vt.us or (802) 652-2033.
- On July 11th, Dr. Ken Minkoff spoke to almost 80 providers from 16 agencies across

the state about Stage-wise Assessment and Treatment. Dr. Minkoff has vast experience in the field of co-occurring conditions and we're grateful that he could come to Vermont and share his expertise. We would especially like to thank David Price from Health Care and Rehabilitation Services for presenting a case for the group to brainstorm about and offer feedback about possible pathways to recovery.

VISI Resources

As always, please visit the VISI website at <http://healthvermont.gov/mh/visi/>

VERMONT STATE HOSPITAL

VSH Seeks Proposals for Violence/Aggression Management Training

Recently, several companies were invited to respond to a Request for Proposals to provide Violence/Aggression Management Training for the staff at Vermont State Hospital. VSH has been using NAPPI (Non-Abusive Physical and Psychological Intervention) since 1985, but concern about staff injuries and staff lack of confidence in NAPPI prompted Executive Director Terry Rowe to implement a process to identify the best training available and bring it to VSH staff.

A review group, composed of nurses, psych techs, a psychologist, NAPPI instructors, union stewards, and representatives from Vermont Protection and Advocacy, BGS Safety, and the Adult Standing Committee for Mental Health, screened the seven responses and identified four that they believed warranted further in-depth review. These vendors were invited to come to VSH to give presentations about their programs, and attendance was open to all VSH staff in addition to the review group. Handle with Care, NAPPI and Mandt have come to VSH to give presentations, and Pro-ACT is scheduled to come on August 14. Attendees are asked to provide feedback on the presentations using a rating tool developed by the Education and Training Department. Once all of the presentations are completed, the review group will meet, review the feedback, and make a recommendation to the Executive Director for the program they view as most suited for VSH.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 45 as of midnight Monday. The average census for the past 45 days was 45.7.